Complete and attach this form to the Vaccine Ordering Form when it is submitted.

Name of school district: ____________________________________________________________

Name of school: _________________________________________________________________

1) How many students are attending your school in the 2018-2019 school year?

2) Of the students who have not been vaccinated; how many are VFC eligible by one of the following criteria:

   a) Number enrolled of Alaskan Native: _____

   b) Number of American Indian: _____

   c) Number who are Medicaid eligible: _____

   d) Number with no Insurance or uninsured: _____

   e) Number who are underinsured (health insurance plan does not cover vaccinations): _____

3) How many students who are eligible for the Vaccines for Children (VFC) Program have not been vaccinated with the Hepatitis B, MCV, Tdap, DTaP, MMR, polio and varicella vaccine (s)?

   _____ Hepatitis B          _____DTaP          _____ Polio
   _____ MCV                   _____MMR          _____ Varicella
   _____ Tdap

The Division of Immunizations will not provide vaccines without this attachment. Thank you for your cooperation. Include this eligibility form with your vaccine order.

Revised July 2018